

CASE REPORT

Jejunal pseudodiverticulosis. Three cases report

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ABSTRACT

Jejunal pseudodiverticulosis is an uncommon entity. Pseudodiverticulum are usually asymptomatic and an incidental finding. They can have a less frequent acute onset with perforation, obstruction or bleeding and they could have high morbidity and mortality. We report three patients who debuted with an acute abdomen.

Key words: Jejunal pseudodiverticulosis. Intestinal obstruction. Intestinal perforation.

CASE REPORT

We present three cases of jejunal pseudodiverticulosis with onset symptoms of an acute abdomen. First, we present a 75-year-old male patient with a clinical history of intestinal obstruction. CT scan showed a firm bowel adhesion or internal hernia, thus a surgical treatment was proposed. Secondly, a 90-year-old female patient who was admitted to the Emergency Department with an acute history of vomiting; a CT scan did not show any evidence of an obstructive etiology. Twenty-four hours later the patient suffered a clinical deterioration, with evidence of pneumoperitoneum in a new CT scan; therefore, a surgical intervention was decided upon. The third case is of a 75-year-old male patient who was admitted to the emergency department with a clinical history of abdominal pain. A CT scan showed a perforation of the small bowel diverticula, thus a surgical intervention was performed. An intestinal obstruction with proximal jejunal pseudodiverticula was found during surgery for cases 1 and 2. Cases 2 and 3 presented free perforation of the pseudodiverticula. Surgical treatment consisted of the resection of the affected intestinal loop followed by primary enteroenteric anastomosis. No complications occurred in the postoperative period for any of the patients. Pathologic studies

showed the presence of false diverticulum in the jejunum, with anti-mesenteric perforations in two cases without any signs of malignancy.

DISCUSSION

Jejunal pseudodiverticulosis is an uncommon entity (incidence between 0.06-1.5%) (1,2), and is more frequent in males (53%) between the 6th and 7th decades of life (2,3).

Pseudodiverticula originate in the herniation of mucosa and submucosa throughout the muscular layer. This herniation occurs in the points of penetration of the mesenteric microvessels through the intestinal wall. This herniation is secondary to a hyper-pressure in the intestinal lumen



Fig. 1. Dilated jejunal segment with the presence of pseudodiverticula, one of them perforated.

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(1,2,4). The pseudodiverticula size is variable, their typical location is in the proximal jejunum (1,2) and they can coexist with other pseudodiverticula in the gastrointestinal tract (2,3).

Pseudodiverticula are usually asymptomatic and an incidental finding. Nevertheless, they can cause non-specific abdominal discomfort, dyspepsia and malabsorption. Less frequently, they display an acute onset with perforation, obstruction or bleeding (1-5).

Conservative management should be performed in the absence of complications (3). Surgical management should be offered in complicated cases; intestinal resection and primary anastomosis is the treatment of choice.

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